Case number:	
Name:	

Provider Treatment Plan Recommendations to Mental Health Board

(Inpatient or Outpatient Provider) Neb. Rev. Stat. § 71-933

Name of Person:			
□ Initial	□ Supplemental		
To: The Mental Health Bo	oard of the	Judicial District,	County, Nebraska
	n meets diagnostic c	n compliance with Neb. Restriction for the following me	
Diagnosis:			
☐ Treatment Plan A	ttached or		
The least restrictive	treatment alternativ	ve would be:	
versus non-inpatient 1.	treatment goals):	ted timelines to achieve go	\ 1
2			
4.			
-			
0.			
☐ Consumer S☐ Refused to			
_ 11010000000			
	Clinician S	ignature:	

	Case Number:
	Name:
Progr	ress since the last report:
Tiogi	ess since the last report.
	Continuity of Care
	The undersigned will continue to be the provider of record for this person and will continue to provide care until such time as the care has been transferred to another provider.
	Provide reports to Mental Health Board every 90 days for a period of a year and every six months thereafter.
	The undersigned has made arrangements to <u>transfer</u> the care of this person to:
(Prov	vider Named)
(Add	vider Named)(Phone) liress)(Phone) first appointment is scheduled for (Date)at (Time)
The f	irst appointment is scheduled for (Date)at (Time)
	andersigned agrees to continue caring for this person until care is initiated with the new der and the new provider has filed an acceptance of transfer with the Board of Mental h.
Clinic	cian Name: (print)
Title:	Phone:Fax:
Facili	ty:
City,	State, Zip:
	ture:Date:
Nonc	ompliance with this treatment form requires the <u>administrator or program director</u> to

immediately notify State Patrol if AWOL and the clerk of the mental health board of the Judicial

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District from which the individual is committed.